

National Defense University
Authorization to Release Education Records

Name of Student: _____ **SSN:** _____

College: _____ **Class Year:** _____

By signing this statement and enrolling in a course at the National Defense University, I acknowledge and agree that my education records, including copies of my transcripts and student evaluations, may be disclosed to my sending agency/branch of service for inclusion in official personnel records. No further release is authorized except by my express written consent.

SIGNATURE: _____ **DATE** _____

This release will remain in effect until I rescind in writing to NDU.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 153; 5 U.S.C. § 301

PRINCIPAL PURPOSE: The purpose is to enable individuals to provide the necessary information to the National Defense University for enrollment in a specific college, course or program and for the administrative processing associated with the efficiency of the National Defense University. The information will become a permanent record of the National Defense University.

ROUTINE USES: Data will be used to compile student databases, class placements, statistical data and for other routine administrative purposes.

MANDATORY OR VOLUNTARY DISCLOSURE: Failure to provide the requested information may prevent enrollment.